

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/20/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI x3 L3-L4, L4-L5, L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Anesthesiology/Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for Lumbar ESI x3 L3-L4, L4-L5, L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 07/31/12
Utilization review determination 06/25/12
Utilization review determination dated 07/25/12
Clinical records Dr. 01/30/12 to 06/19/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have a date of injury of xx/xx/xx. The mechanism of injury is not described. The claimant is reported to have severe chronic back pain with radiation into left lower extremity. He is reported to be status post a transforaminal epidural steroid injection on 06/06/11. He is reported to have ultimately undergone fusion procedure into low back. Notes from Dr. on 01/30/12 state that when the claimant's pain is quite severe he requires 3-4 Hydrocodone per day. Physical examination reports that motor and sensory examinations are intact and the claimant was provided prescription for Norco 10 mg. On 03/22/12, the claimant is reported to have pain in low back region. He has tried Hydrocodone and reported that it makes him quite sleepy. He has no new complaints. On 04/19/12, the claimant is noted to be status post lumbar fusion performed by Dr.. He is reported to have had complication of punctured kidney, which resulted in stent placement and possible nephrectomy. The claimant is noted to be pending clearance to start physical therapy. He reports Skelaxin is helpful for pain but not receiving any benefit from Tramadol. Physical examination notes the claimant to be neurologically intact. He was given prescriptions for Skelaxin and Ultram. The claimant was most recently seen on 06/19/12 and reported to have severe chronic pain in low back region. He has been taking Tramadol, Skelaxin and Hydroxyzine, which has noted to give much relief. He has difficulty sleeping. On physical examination motor and sensory examinations are intact. He was discontinued on Tramadol, Skelaxin and Hydroxyzine and placed on Norco 10 mg every 12 hours, Elavil 10 mg qhs. Lumbar epidural steroid injections x 3 has been recommended and denied. The initial review was performed by Dr. on 06/25/12. Dr. non-certified the request noting there is no treatment

history given, no MRI and neuro exam is negative. The subsequent appeal request was performed on 07/25/12. It was denied noting there is no treatment history given, no MRI and neurologic examination is negative. It is noted MRI dated 04/29/11 showed postoperative changes at L4-5 and what appears to be large left paracentral posterolateral disc herniation encroaching upon lateral recess. No other definite disc herniations are seen at other levels. It is noted the claimant underwent transforaminal injection on 06/06/11 and later underwent fusion. No operative reports were provided. The reviewer notes in his report that the most recent physical examinations show no evidence of neural compromise and Official Disability Guidelines do not support a series of 3 epidural steroid injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This man has a history of low back pain with reported radiation into left lower extremity. He failed conservative treatment that included at least 1 lumbar epidural steroid injection and later underwent fusion procedure. Post-operatively he has had normal physical examinations without evidence of radicular symptoms. Imaging is reported to have shown a disc herniation; however, there are no objective signs of neurocompression on physical examination. Per the Official Disability Guidelines there must be correlation between physical examination and imaging studies and there must be objective evidence of an active lumbar radiculopathy. Therefore, based upon the submitted clinical data the claimant does not meet these criteria per the Official Disability Guidelines. Additionally, it would be noted that Official Disability Guidelines does not support a series of three injections; and therefore, the request would exceed Official Disability Guidelines treatment recommendations. The reviewer finds that medical necessity does not exist for Lumbar ESI x3 L3-L4, L4-L5, L5-S1.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)